L	Effective October 1, 2003									10824048				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE				OTHER THAN		
	TOTAL CLAIN	10					RATI	<u></u> _	EE	OR I		L ENTITY		
FOR			NUMB	NUMBER FILED		NUMBER EXTRA		BASIC F		5.00		RATE BASIC FE	FEE	
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11	NDEPENDENT	14	✓ minus 3 =		· V		X\$ 9=			OR	X\$18=	ļ		
٨	AULTIPLE DEP	ENDENT CLAIM	PRESENT	<u></u>				X43=	-		OR	X86=	172	
* If the difference in column 4 is less if								+145=	-		OR	+290=	Ì	
* If the difference in column 1 is less than zero, enter "0" in co						column 2		TOTAL			OR	TOTAL	1	
		CLAIMS AS	AMEND					••••					THAN	
4		(Column 1)	T	(Colum	ST	(Column 3) T	SMAL	LENTI	`	AC	SMALL	ENTITY	
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ļ	independent		Minus	444		=	-			OR	-	(\$18=		
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Application or Docket Number

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